

Hidden Valley Animal Hospital
Boarding Emergency Care Release Form

I understand that you can not guarantee the health of my pet and will not hold the clinic responsible for any conditions that are unavoidable in boarding kennels. These conditions being: weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I also understand that all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or they will be treated upon discovery at the owners/agents expense. I understand that my pet MUST BE current on Rabies, Distemper, and Bordetella to stay here.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian, within 24 hours of notification, in case of an employee or any other person being bit by my pet.

I understand that in the event of my pet becoming ill, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options. If the staff members are unable to contact me or my agent immediately, the staff is therefore authorized to initiate the appropriate treatment until I or my agent can be reached. I understand that I will be required to pay for any treatment that is administered to my pet.

Please check one of the following options in the event that a problem is observed or develops:

- Please treat my pet as required, you need not call me first
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment
- Do Not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an EMERGENCY arise, I authorize the medical staff to sedate and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for the necessary service rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided sensible care and precautions are followed. I realize that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expenses incurred. I also understand that there is an additional charge if my pet is to become aggressive to a staff member or other person at the hospital.

If I neglect to pick up my pet within 5 days of my original departure date (without notification) you may assume my pet is abandoned and take on responsibility of my pet. The clinic may then do what you deem necessary, in the best interest of my pet.

I understand the policies and requirements set forth and agree to these requirements now and in the future.

Owner Signature _____ Date _____

Pets Name: _____ Emergency Number: _____